

216014591
91641

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 4

2	Total Number of Vehicles	Local No./ District 58	Agency Case No. B6-030499	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 04/11/2016		TIME OF ACCIDENT 1408	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1408	04/11/2016	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 48th/South		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
1	NAME OF INTERSECTING ROADWAY		OF NEAREST STREET, BRIDGE, RAILROAD CROSSING			
V1/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M	MILES		N S E W	OF NEAREST CITY OR TOWN		
01	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
E	VEHICLE NO. 1					
F	DRIVER LICENSE NO.	V00154324		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N	DRIVER	JOEL G MITCHELL		PHONE	402-488-5940	
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	12/06/1966	
2	OWNER	JOEL MITCHELL		PHONE	402-488-5940	
G	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB508845	
2	LICENSE PLATE PA NO.	TST267		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V1/O	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
3	2011	Toyota	Corolla	4 door Sedan	white	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$ 6000
V2/O	VEHICLE ID NO. (VIN)	2T1BU4EE8BC694986		INSURANCE COMPANY	Allied	
3	TOWED TO	101 Charleston		TOWED BY	Capitol	
I	VEHICLE NO. 2					
1	DRIVER LICENSE NO.	H12506166		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/P	DRIVER	LINDSAY A REGER		PHONE	402-540-7958	
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	09/04/1981	
1	OWNER	JASON L REGER / Lindsay Reger		PHONE	402-540-7958	
J	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.	
01	LICENSE PLATE PA NO.	TWH815		YEAR (Plate Expires)	2017	STATE (Of Plate) NE
V1/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
1	2014	Chrysler	Town & Count	Mini van	gray	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$ 4500
V2/Q	VEHICLE ID NO. (VIN)	2C4RC1BG8ER397582		INSURANCE COMPANY	State Farm	
K	TOWED TO	Tracy's South		TOWED BY	Capitol	
02	POLICY NO.		006 2939-D13-27M			
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
VEH. #	NAME	ADDRESS		09/04/1981	01 1 06 4 1	F
2	LINDSAY A REGER					
VEH. #	NAME	ADDRESS				
VEH. #	NAME	ADDRESS				

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

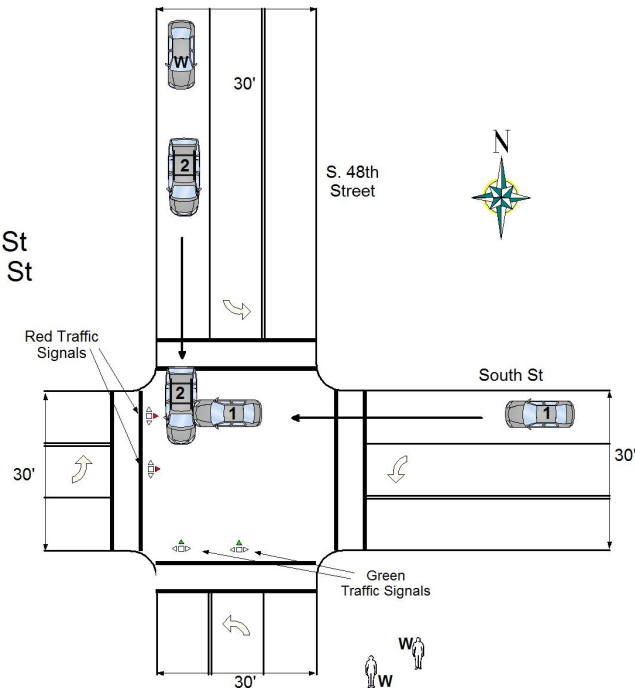
AGENCY CASE NO.
B6-030499



Indicate
North
by Arrow

POI:
8' E W curb 48th St
6' S N curb South St

W-Witness



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

V#1 was WB on South St approaching 48th St. V#2 was SB on 48th St approaching South St. V#1 and V#2 entered the intersection at approx. the same time and collided. D#1 said that he was looking down as he approached the intersection and was unsure on the color of the traffic signal, but thought he entered the intersection on a yellow light. D#2 said that she had turned onto 48th St from Sumner and entered the intersection with a green light at 30-35 mph when she saw V#1 approaching on her right. She braked but was unable to avoid the collision. Witness Orth was following V#2 SB and corroborated D#2's account that the SB signal was green at the time V#2 entered the intersection. Witnesses Davidson and Culton were standing south of the intersection and east of 48th. Davidson said she saw the collision, looked up and saw the signal for NB traffic was green.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME Tonya Orth 403 Washington, Beatrice, NE 68310	ADDRESS	PHONE 402-560-0363		
	NAME Joyce Davidson 2101 S. 48th, Lincoln, NE 69506	ADDRESS	PHONE 402-483-2310		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		ALCOHOL/DRUGS SUSPECTED					
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 1		VEH 1	VEH 2				
1				X	South	POINT OF IMPACT	01	POINT OF IMPACT	07	1	2	1	1	1	1				
2	X				48th	MOST DAMAGED AREA	01	MOST DAMAGED AREA	07	4	2	Y	Y	Y	Y				
1	01	06 Turning left 07 Making U-turn								1	2	N	X	N	X				
2	01	08 Entering traffic lane								1	2								
01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/Passing 05 Turning right						00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other						1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown					
06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown						01 02 03 04 05 06 07 08						VEHICLE 2		VEHICLE 2		Driver No. 1 1			
OFFICER NO. 643						TROOP/TEAM/BEAT SE						DEPARTMENT Lincoln Police Department						Photographs taken? YES NO	
INVESTIGATOR NAME (Print or Type) Mark Fluitt						INVESTIGATOR SIGNATURE Approved by Mark Fluitt						DATE OF REPORT 04/11/2016							

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State of Nebraska

Investigator's Motor Vehicle Accident Continuation Report Sheet 3 of 4

Local No./
District 58

Agency
Case No. B6-030499

STATE USE ONLY

Vehicle
Codes
from
Overlay
#2

DATE OF ACCIDENT (MM / DD / YYYY)

04/11/2016

PLACE
OF
ACCIDENT

COUNTY

Lancaster

CITY

Lincoln

Sequence
of Events

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. 48th/South

VEH. #	VEHICLE NO.		VEH. #	
	DRIVER LICENSE NO.	STATE (Of License)	SEX	<input type="radio"/> FEMALE <input type="radio"/> MALE
M	DRIVER		PHONE	LOCAL NO.
N	DRIVER ADDRESS		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)
O	OWNER		PHONE	LOCAL NO.
P	OWNER ADDRESS		CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO
Q	LICENSE PLATE NO.	YEAR	MAKE	MODEL
	VEHICLE	YEAR	MAKE	MODEL
	VEHICLE ID NO. (VIN)	INSURANCE COMPANY		
	TOWED TO	TOWED BY	POLICY NO.	

VEH. #	VEHICLE NO.		VEH. #	
	DRIVER LICENSE NO.	STATE (Of License)	SEX	<input type="radio"/> FEMALE <input type="radio"/> MALE
M	DRIVER		PHONE	LOCAL NO.
N	DRIVER ADDRESS		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)
O	OWNER		PHONE	LOCAL NO.
P	OWNER ADDRESS		CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO
Q	LICENSE PLATE NO.	YEAR	MAKE	MODEL
	VEHICLE	YEAR	MAKE	MODEL
	VEHICLE ID NO. (VIN)	INSURANCE COMPANY		
	TOWED TO	TOWED BY	POLICY NO.	

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE				RESTRAINT USE VEHICLE				TOTAL OCCUPANTS				VEH		VEH									
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				VEHICLE				VEHICLE				VEHICLE				VEHICLE				VEHICLE				Driver No.		Driver No.	
									POINT OF IMPACT				POINT OF IMPACT				1 Deployed - front				1 None used - vehicle occupant				ALCOHOL TESTING		ALCOHOL LEVEL TESTED					
									MOST DAMAGED AREA				MOST DAMAGED AREA				2 Deployed - side				2 Lap & shoulder belt used				BAC LEVEL		BAC LEVEL					
									06 Turning left				02				03				04				3 Shoulder belt only used		3 Shoulder belt only used					
									07 Making U-turn				01				05				3 Lap belt only used				4 Lap belt only used		4 Lap belt only used					
									08 Entering traffic lane				08				07				06				5 Child safety seat used				5 Child safety seat used			
									09 Leaving traffic lane				11 Total (all areas)				12 Other				6 DOT approved helmet used				6 DOT approved helmet used		6 DOT approved helmet used					
									10 Parked												7 Costume helmet used				7 Costume helmet used		7 Costume helmet used					
									11 Slowing or stopped in traffic												8 Restraint use unknown				8 Restraint use unknown		8 Restraint use unknown					
									12 Other												9 Restraint use unknown				9 Restraint use unknown		9 Restraint use unknown					
									05 Turning right																1 Neither alcohol nor drugs suspected		1 Neither alcohol nor drugs suspected					
									13 Unknown																2 Yes - alcohol suspected		2 Yes - alcohol suspected					
																									3 Yes - drugs suspected		3 Yes - drugs suspected					
																									4 Yes - alcohol & drugs suspected		4 Yes - alcohol & drugs suspected					
																									5 Unknown		5 Unknown					

Complete this section for all injured persons						DATE OF BIRTH (MM / DD / YYYY)		1 Seat Position		2 Eject		3 Body Region		4 Injury Sev.		5 Trans.		SEX M F							
VEH. #	NAME					ADDRESS																			
	LOCAL NO.					MEDICAL FACILITY NAME					EMS SERVICE NAME					EMS RUN REPORT NO.									
VEH. #	NAME					ADDRESS																			
	LOCAL NO.					MEDICAL FACILITY NAME					EMS SERVICE NAME					EMS RUN REPORT NO.									
VEH. #	NAME					ADDRESS																			
	LOCAL NO.					MEDICAL FACILITY NAME					EMS SERVICE NAME					EMS RUN REPORT NO.									

ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate
North
by Arrow

AGENCY CASE NO.

B6-030499

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	NAME	ADDRESS			PHONE
	Cheryl Culton	4825 South, Lincoln, NE 68506			402-488-3933
WITNESSES	NAME	ADDRESS			PHONE
OFFICER NO.		TROOP/ TEAM/ BEAT	DEPARTMENT		
643		SE	Lincoln Police Department		
INVESTIGATOR NAME (Print or Type)			INVESTIGATOR SIGNATURE		DATE OF REPORT
Mark Fluitt			Approved by Mark Fluitt		04/11/2016